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**REVOCATION OF POWER OF
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ATTORNEY AND CHANGE OF
CORRESPONDENCE ADDRESS**

Applicati n Numb r	09/919,741
Filing Date	7/31/2001
First Named Inventor	Roy, Chad J.
Group Art Unit	3736
Examiner Name	Robert L. NASSER
Attorney Docket Number	481.0002

I hereby revoke all previous powers of attorney or authorization of agent given in the above-identified application:

☐ A power of attorney or Authorization of Agent is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 27370☒ Please change the correspondence address for the above-identified application to:☒ The address associated
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

Justin M. Hartings

Signature

Date

20 OCTOBER 2003

Telephone

301-619-4854

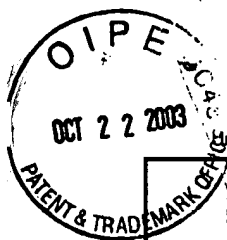
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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10-28-03
#10

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SIGNATURE of Applicant or Assignee of Record

Name

Chad J. Roy

Signature

Date

16 OCTOBER 2003

Telephone

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